

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20721
State File No. _____
Registrar's No. 2251

FILED JUL 7 1941
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4533 Mercier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community About 52 years
years, months or days

3. (a) PRINT FULL NAME LORENZ WAHRMAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Mary Wahrman 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased August 10, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days - If less than one day hr. min.

9. Birthplace Unknown Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Own Farm

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Schird

(b) Address 4533 Mercier

17. (a) Burial (b) Date thereof June 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director John Stein

(b) Address 340 North 24th, N.E.K.

19. (a) 6/12/1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4533 Mercier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Apr. 3, 1941 to 6/10/41
that I last saw him alive on 6/10/41
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____
Due to 93A

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Chronic findings

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 6/11/41
Address [Signature] Date signed 6/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Amelia Stone*.....

Licensed Embalmer No. *4113*

P. O. Address *3407 N. 6th K.C.K.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.